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EXAMINER





ACCOUNT NO. : 12000000195

REFERENCE: 636472 4320946

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 7, 2011

ORDER TIME : 2:55 PM

ORDER NO. : 636472-015

CUSTOMER NO: 4320946

FOREIGN FILINGS

NAME:

10630 NORTH 56TH STREET

HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

____ PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BI SINESS IN THE STATE OF FLORIDA:

Indited Landia i Coma ha in 10 110 a lanci della iliza a in indi di	
1. 10630 North 56th Street Holdings, LLC	
(Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose	of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternation Company," "L.L.C," "LLC.")	ite name. The atternate name must include "Limited Liability
• • • • • • • • • • • • • • • • • • • •	
2 Maryland 3. (Jurisdiction under the law of which foreign limited liability	(FEI number, if applicable)
company is organized)	(FEI number, it applicable)
4. 12/29/2010 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to
(Care of Samounion)	exist or "perpetual")
6 12/15/2010	
(Date first transacted business in Floric	
(See sections 608.501 & 608.502 F.S. to	determine penalty hability)
7. c/o CWCapital Asset Management, 7501 Wisconsin A	Avenue, Suite 500 West
D. (1 . 1 . MD 00014	
Bethesda, MD 20814 (Street Address of	Direction (Office)
(Sheet Addless of	ompany, check here \(\sigma\) ing members or managers are as follows:
8. If limited liability company is a manager-managed co	ompany, check here
,	÷.
9. The name and usual business addresses of the manage	ing members or managers are as follows:
Sée attachment	
Dec anticomost.	
· · · · · · · · · · · · · · · · · · ·	
10 Au. 1 35	- 13 11 - 4 - 4 - 4 - 11 - 4 - 00 - 11 - 5 4 - 5 4 - 5
 Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is 	
translation of the certificate under oath of the translator must be submitted.	
	,
11. Nature of business or purposes to be conducted or pr	romoted in Florida: Rental and management of
commercial property.	
	, , , , , , , , , , , , , , , , , , ,
Sherathenes	
Signature of a member or an author	orized representative of a member.
(In accordance with section 608.408(3), F.S., the execution	
penalties of perjury that the facts stated herein are true. I	I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)
Sheena Thomas Authorized Person	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nam	e of the Limited Liability (Company is:
10630 Nort	h 56th Street Holdings, LL	<u>C</u> .
If unavailab	le, the alternate to be used	in the state of Florida is:
2. The name	e and the Florida street add	ress of the registered agent and office are:
	Corporation Service Co	ompany .
		(Name)
	1201 Hays Street	
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee	FL 32301
		City/State/Zip
liability compagent and agrelating to the	pany at the place designated gree to act in this capacity. he proper and complete perf	and to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the agent as provided for in Chapter 608, Florida Statutes. The statutes of the company of the compa
	\$ 3	0.00 Filing Fee for Application 5.00 Designation of Registered Agent 0.00 Certified Copy (optional) 5.00 Certificate of Status (optional)

ATTACHMENT

FLORIDA APPLICATION FOR REGISTRATION OF A FOREIGN LIMITED LIABILITY COMPANY

10630 NORTH 56TH STREET HOLDINGS, LLC

Item 9.

Sole Member/Manager's Name

Bank of America, N.A. as successor by merger to LaSalle Bank National Association as Trustee for the registered holders of Morgan Stanley Capital I Inc., Commercial Mortgage Pass-Through Certificates, Series 2005-HQ6

Mcmber/Manager's Address c/o CWCapital Asset Management LLC 7501 Wisconsin Avenue, Suite 500 West Bethesda, MD 20814

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT 10630 NORTH 56TH STREET HOLDINGS, LLC, REGISTERED DECEMBER 29, 2010, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 07, 2011.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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